

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**  
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371 Filing Fees ☒ paid ☐ Insufficient Meet Article 33 Requirement: ☐ Yes ☐ No & why not ☐

Original claims: 1-24 Added Claims: ☐ Total Claims: 24 Chargeable 24 Independent 1 multiple 1

Claims Cancelled via Article 34 & /or Pre-Amdt ☐ Claims added via Article 34 ☐

Total Number of Drawing Sheets: 3 Foreign Text: ☐

Oath/Declaration: yes ☒ no ☐ signed ☒ unsigned ☐ defective ☐ Date Satisfied: 6-5-06

PCT/RO/101/Request Form Declaration: ☐ yes: ☐ signed ☐ Unsigned

Small Entity: ☐ Yes Small Entity Statement ☐ Assertion by filing fee paid ☐ Large Entity: ☒

1<sup>st</sup> Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date ☐ not entered & date ☐

2<sup>nd</sup> Submission: Biochemical Seq. Diskette: yes ☐ no ☐ entered & date ☐ not entered & date ☐

Biochemical Seq. Listing: yes ☐ no ☐ statement ☐ yes ☐ no other submission date(s): ☐

Biochemical Diskette/Listing not needed: ☐

Copy of ISR: ☐ with references ☐ without references ☒ Non-Establishment of ISR PCT/ISA/203 ☐

Article 19 Amendment: ☐ entered ☐ not entered ☐ Replaced by Article 34 Amendment ☐

Copy of IPER: ☐ without Annexes: ☐ with Annexes: ☐ Annexes entered ☐ Annexes not entered ☐ 237

Reason Annexes have not been entered: ☐

Preliminary Amendment(s): yes ☒ not entered ☐ & Why ☐ Other Amendment dates: ☐

IDS: ☒ yes ☒ with references ☒ without references ☐ Other IDS Dates: 3-21-06

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Power of Attorney ☒ Application Data Sheet ☒ Priority Document(s): yes ☒

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Application Fees: owed ☒ paid ☐

☒ Declaration ☒ Claims ☐ Multiple ☐ Translation ☐ Extension ☐ Petition ☐ Application size ☐

Date of 35 USC Receipt of Request: 01-20-2006

Date Completion USC 371 Requirements: June 05, 2006

Notice of Missing Requirements: 5-4-06 Response to Missing Requirements ☐

371 Formalities Letter: (Sequence) 922 ☐ 922 Response ☐ or (Fees Owed) 923 ☐ 923-Response ☐

Notice of Defective Response: ☐ Defective Response Reply ☐

Notice of Acceptance: 02-03-07

Notice of Abandonment: ☐ Petition to Revive: ☐ Petition 1.47: ☐

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